FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H05542

(6)

ERIC S. BERKE, PHD., M.D., P.A.

	F	ILED	
May	12	1997	8:00am
Sec	cret	ary of	State



Principal Place of Busine	l Place of Business Mailing Address						
601 MAIN ST DUNEDIN FL 34895 US		P O BOX 2216 DUNEDIN FL 34697-2216 US					
03		00			3. Date Incorporated or Qualified 06/01/1984	3a. Date of Last Report 03/14/1996	
2. Principal Place of Bu	siness	2a. Mailing Add	ress		4. FEI Number	Applied For	r
21		26			59-2410681	Not Applica	
Suite, Apt #, etc 22		Suite, Apt. #	', etc. 		5. Certificate of Status Desired	\$8.75 Additiona Fee Required	1
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	-y	28		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		country	8. This corporation has fiability for in		<u>,</u>
24 9 Neo	25 and Address of Curre	29 ant Registered Agent	30		Florida Statutes LY 10. Name and Address of New Reg	Yes No	
		But ueflereien wheut		B1 Name		istered Wastr	
BERKE, ERIC				36	erke, eric s.		
925-B LAKEV				82 Street Add	ress (P.O. Box Number is Not Acceptable	601 MAIN	311
CLEARWATE	K PL 34616			83			
				163		س ال	98
				84 City	DUNEOIN	FL 85 Zip Code	
• 11. Pursuant to the prov	visions of Sections 607.05	502 and 607.1508, Flor	ida Statutes, the	above-named corp	poration submits this statement for the pr	rpose of changing its registe	red
office or registered agent. Lam familia	agent, or both, in the Sta with, and accept the	te of Florida, Such cha igation∎ of, Section 601	nge was authori 7.0505. Florida S	zed by the corporal statutes.	poration submits this statement for the pi tion's board of directors, I hereby accep	the appointment as registere	∌d
l .	S. 1/50	she-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5/1/97	ĺ
SIGNATURE Signature lys	ed or printed name of registered a	agent and titlu if applicable	(NOTE: Regis)	ered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS		3.	ADDITIONS/CHANGES TO OFFIC	RS AND DIRECTORS IN 12	
TITLE DP		☐ f	DELETE 1.	1 TITLE			dition
	, ERIC S.		1:	2 NAME	GOI MAIN ST		l
	AKEVIEW RD. #4		1.	3 STREET ADDRESS		INEDIU, PL	اما
CITY-S1-ZIP CLEAR	WATER FL			4 CITY - ST - ZIP	CONCORD FOR 344	4 3764	6
Title			DELETE 2	1 TITLE		☐ Change ☐ Add	dition
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STREET ADDRESS			5	3 STREET ADDRESS			l l
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1171.6			DELETE 3.	1 TITLE		Change Add	lition
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YILE		بال		1 TITLE	•	Change Add	ution
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CHY-ST-ZIP	.,			4 CITY - ST - ZIP			
TITLE		[]		1 TITLE		Change Add	nion
NAME				2 NAME			
STREET ADORESS			6	3 STREET ADDRESS			-]
CITY-S1-ZIP			6.	4 CITY-ST-ZIP			

I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 813-734-9267